

CHECK ONE	BILLING ADDRESS	HHS CONCERNED AGENCIES	PRIMARY
<input type="checkbox"/> Interagency Agreement <input type="checkbox"/> Intraagency Agreement	Contracting Officer, National Institutes of Health Federal Building, Room 901 7550 Wisconsin Avenue Bethesda, Maryland 20892		OTHER
APPROPRIATION NUMBER		OTHER FEDERAL AGENCIES CONCERNED	
CAN NUMBER		CITY AND STATE OF PROJECT PERFORMANCE	
AGREEMENT NUMBER*	DOCUMENT NUMBER		

TITLE OF AGREEMENT (If any)

SUMMARY OF SUBSTANCE OF THE AGREEMENT

HHS AGENCY RESPONSIBILITIES UNDER AGREEMENT

CHARACTERISTICS OF THE AGREEMENT (HHS General Administration Manual 8-77-10)

PERIOD OF AGREEMENT	NAME(S) AND TITLE(S) OF SIGNATORIES OF OTHER AGENCIES
NAME(S) AND TITLE(S) OF HHS SIGNATORIES	
DATE SIGNED	DATE SIGNED

DELEGATIONS OF AUTHORITY UNDER AGREEMENT (Other Side)

AGREEMENT COMMITS HHS RESOURCES (Funds, personnel, equipment, facilities, etc.) AS FOLLOWS (Be specific)

AGREEMENT ESTABLISHES REPORTING REQUIREMENTS BY OR TO HHS AS FOLLOWS

PROJECT OFFICER AT NIH (Contact for further information)

HHS CLEARANCE	NIH ICD	SURNAME	DATE	OGC	SURNAME	DATE	NIH DFM	SURNAME	DATE	OMS OASA	SURNAME	DATE